Event Date	04.20.06
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

125									
Name of Committee in Full									
White for Judge Committee									
To Whom Paid			М	D	Y	7	Amount		
WestCamp Press Inc.			0 4	4 1 (0 0	6		1,589.96	
Address	Purpose								
39 Collegeview Rd.	Postage,	inserts and addr	ess for i	invita	tior	าร			
City	State	Zip Code	Check	Number					
Westerville	O H	43081		100	3				
To Whom Paid			М	D	Y		Amount		
Staples			0 4	4 0 4	4 O	6		326.98	
Address	Purpose								
4505 Kenny Road	Card Sto	ock for invitations	5						
City	State								
Columbus	OH	43220		100	2				
To Whom Paid			M	D	Y		Amount		
Address	Purpose	Purpose							
City	State	Zip Code	Check	Number					
To Whom Paid	<u> </u>		M	D	Ÿ	\Box	Amount		
			1			3			
Address	Purpose	····							
City	State	Zip Code	Check 1	Number					
·									
To Whom Paid			M	D	ΙΥ		Amount		
				1 1	`				
Address	Purpose								
City	State	Zip Code	Check 1	Check Number					
o.,	1	Zip codo	CHECK MUNIOCI,						
To Whom Paid			M	ות	1 77	_	Aug areas		
10 AA1101111 GIG			M	D D	1 *	ľ	Amount		
Address	In			<u> </u>		Ш			
Audress	Purpose								
C'a.		Ta:- c. 1	- Im						
City	State	Zip Code	Check I	Number					
7. ID D.11			1371	1.50	1				
To Whom Paid			М	D	Y	i '	Amount		
A 13				$\perp \perp$					
Address	Purpose								
City	State	Zip Code	Check N	Number					
		1							

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 1.916.94